PTO/SB/50 (06-03)

REISSUE PATENT APPLICATION TRANSMITTAL

<u> </u>						
Addrass to:		Attorney Doc	ket No.	118839-00101		
Address to: Mail Stop Reissue		First Named Inventor		Francis C. CARROLL		
		Original Pate	nt Number	6,530,162 B1		
P.O. Bo		Original Patent Issue Date (Month/Day/Year)		March 11, 2003		
Alexand	dria, VA 22313-1450	Express Mail				
	N FOR REISSUE OF:		1			
1	Check applicable box) X Utility P	atent	Design Patent Plant Patent			
	I ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS			
1. X Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)			10. Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).			
2. X Applicant claims small entity status. See 37 CFR 1.27.			11. Original Patent Grant			
	fication and Claims in double column copy of pate	tent format	Ribboned Original Patent Grant			
4. Drawing(s) (proposed amendments, if appropriate)			Statement of Loss (PTO/SB/55)			
5. X Reissue Oath/Declaration (original or copy) (37 C.F.R. 1.175) (PTO/SB/51 or 52)			12. Foreign Priority Claim (35 U.S.C. 119) (if applicable)			
	r of Attorney	Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations				
	al U.S. Patent currently assigned? X Yes [check applicable box(es))	English Translation of Reissue Oath/Declaration 14. (if applicable)				
Written Consent of all Assignees (PTO/SB/53)			15. X Preliminary Amendment			
X 37 C.F.R. 3.73(b) Statement (PTO/SB/96)			16. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)			
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 17. Other:						
	d/or Amino Acid Sequence Submission all of the following are necessary)					
a. Computer Readable Form (CFR)						
b. Specification Sequence Listing on: i						
ii paper						
c. Statements verifying identity of above copies						
18. CORRESPONDENCE ADDRESS						
X Customer Number: 27557 OR Correspondence address below						
Name Victor M. Wigman						
Address C/O Blank Rome, LLP						
City	600 New Hampshire Avenue, N.W., (The Watergate Building) Washington State DC Zip Code 20037					
Country	Washington USA Tele		e DC = 772 - 5800	Zip Code 20037 Fax 202-772-5858		
Journal	USA Tele	priorie 202	-//2-3800	194 202-1/2-3838		
Name (Print/Type) Victor M. Wigman Registration No. (Attorney/Agent) 25,201						
Signature	H.M. Mari	1	Da	ate 03/11/2004		

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Attorney Docket No.	118839-00101
First Named Inventor	Francis C. Carroll
Original Patent No.	6,530,162 B1
Original Patent Issue Date (Month/Day/Year)	March 11, 2003

			Claims as Filed	- Part	1		
Claims in Patent	For	Number Filed in Reissue Application			Number Extra	Rate	Fee
11	Total Claims	11		-20	0	\$18	\$0.00
	Independent		8	-3	5	\$86	\$430.00
man di Aliman kan di Biranggara Manakan di Kasarangan di Birangan di Kasarangan			Basic Fee				\$770.00
				Tota	l of Above Ca	Iculations	\$770.00
		⊠R	□ Reduction by 50% for filing by Small Entity				
				600.00			
		(laims as Amend	ed - Pa	rt 2		
	Claims Rema		Highest Num Previously Paid		Extra Claims	Rate	Fee
Total Claims	18		20		0	\$18	\$0.00
Independent	9		8		1	\$86	\$86.00
		Total of Above Calculations				\$0.00	
			□ Reduction by 50% for filing by Small Entity			nall Entity	-\$43.00
				Total Additi		\$43.00	
	 				TOT	AL FEE	\$643.00

Applicant claims small entity status. See .37 C	CFR 1.27.					
Please charge Deposit Account No. 23-2185 in A duplicate copy of this sheet is enclosed.	the amount of					
☑ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 23-2185. A duplicate copy of this sheet is enclosed.						
A check in the amount of \$ to cover the	filing / additional fee is enclosed.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.						
BLANK ROME LLP 600 NEW HAMPSHIRE AVENUE, N.W. WASHINGTON, DC 20037 Tel (202) 772-5800 Fax (202) 572-8	Signature of Applicant, Automey or Agent of Record					
	Victor M. Wigman, Reg. No. 25,201 Typed or printed name					
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